

PART B - FEE(S) TRANSMITTAL



10/079331

B

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24124 7590 06/07/2004

BOHAN, MATHERS & ASSOCIATES, LLC
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| | |
|----------------------------|--------------------|
| PETER J. SOMERVILLE | (Depositor's name) |
| <i>Peter J. Somerville</i> | (Signature) |
| JULY 15, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/079,331 | 02/20/2002 | Dietz Girlich | 02-013 | 7963 |

TITLE OF INVENTION: METHOD AND DEVICE FOR THE PRODUCTION OF RETICULAR STRUCTURES

| APPL. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$0 | \$0 | \$0 | 09/07/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| KERNS, KEVIN P | 1725 | 164-034000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

PATRICIA M. MATHERS
2 THOMAS L. BOHAN
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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- ☐ Issue Fee
- ☐ Publication Fee
- ☐ Advance Order - # of Copies _____

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(Authorized Signature)

(Date)

Patricia M. Mather 7/15/2004

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01/07/2005 PSMALL 00000003 10079331

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| 02 FC:1504 | 300.00 OP |
| 03 FC:3001 | 30.00 OP |

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